

## CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

☒ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:  
Drive Medical SPV, LLC  
99 Seaview Blvd.  
Port Washington, NY 11050

Melissa A. Pena, Esq.  
Norris Law  
400 Crossing Blvd., 8th Floor  
P.O. Box 5933  
Bridgewater, NJ 08807-5933

Rebecca Price, Esq.  
Norris Law  
515 W. Hamilton Street Suite 502  
Allentown, PA 18101

Drive Medical SPV, LLC  
Attn: Nora Coleman, EVP, General Counsel  
99 Seaview Blvd.  
Port Washington, NY 11050

☒ Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:  
Drive Medical SPV, LLC  
Attn: Nora Coleman, EVP, General Counsel  
99 Seaview Blvd.  
Port Washington, NY 11050


Corporation Service Company,  
R/A for Drive Medical SPV, LLC  
251 Little Falls Drive  
Wilmington, DE 19808


I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing  
Pachulski Stang Ziehl & Jones LLP  
10100 Santa Monica Blvd.  
13<sup>th</sup> Floor  
Business Address: Los Angeles, CA 90067

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Alfred D...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Drive Medical SPV, LLC Attn: Nora Coleman, EVP, General Counsel 99 Seaview Blvd. Port Washington, NY 11050		B. Received by (Printed Name) <i>Alfred D...</i>	C. Date of Delivery 2/10/22
2. Article Number (Transfer from service label) 7017 2400 0000 3936 6923		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 3367 7227 2941 14		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>Paul S...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Corporation Service Company, R/A for Drive Medical SPV, LLC 251 Little Falls Drive Wilmington, DE 19808		B. Received by (Printed Name) <i>Paul S...</i>	C. Date of Delivery 
2. Article Number (Transfer from service label) 7017 2400 0000 3936 7180		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 3367 7227 2942 68		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	